

Jameson's Residential Home Limited

Jamesons Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Jamesons Care is registered to provide personal care to people with a learning disability, physical disability and autistic people. The service has been set up to provide supported living to people who have their own tenancies but who share their home with others. At the time of the inspection, 20 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People, their relatives and staff were very complimentary about the service. The registered manager promoted an open and inclusive culture where people had support to be themselves and develop their own skills and abilities. The service was well-run with processes in place to promote safety and ensure people received consistent good quality care. The provider supported the registered manager to develop the service in line with good practice guidance.

There was a focus on enabling people to make decisions about how to minimise risk. Staff supported people safely with their medicines. There were enough staff who were safely recruited to provide a flexible service. The provider followed national guidance on managing the risks from COVID-19.

Staff had the necessary skills to meet people's individual needs. They were well supported in their role. Guidance and training were of a good quality. Staff worked well with external agencies to promote people's health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and treated people with dignity. They knew people well and developed respectful relationships with them. Independence and positive outcomes for people were actively promoted.

Support had been developed flexibly to meet people's needs in a personalised way. Staff adjusted their support when people's needs changed. The provider ensured people received information in a manner they could understand. People and their representatives felt able to complain and be confident they would be listened to.

Staff were trained in supporting people at the end of their life. People received dignified care at the end of life and their wishes were recorded and respected.

We expect health and social care providers to guarantee people with a learning disability and autistic people the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and autistic people.

The service was able to demonstrate that the service had been set up in line with the underpinning principles of Right support, right care, right culture.

Right support:

The model of care and setting had been designed to maximise people's choice, control and independence. There was an emphasis on promoting inclusion into the local community.

Right care:

Staff were supported to provide care which was person-centred and promoted people's dignity, privacy and human rights.

Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff created a culture focused on enabling people to lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Why we inspected

This was a planned inspection of a newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Jamesons Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by two inspectors and an Expert by Experience who made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provided care and support to people living in shared houses known as 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave notice of the inspection as we needed information about people who used the service and to ensure the registered management would be available on the day. We asked the registered manager to arrange for people to come to the office and meet with us if they wished.

Inspection activity started on 28 March 2022 and ended on 11 April 2022. We visited the office on 30 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

At the office visit, we met five people and one relative. We also met the registered manager, two team leaders, a business assistant and two care staff. We spoke with two people and eight relatives over the telephone about their experience of the care provided. We had email information from two members of staff and from one social care professional.

We looked at a range of records including people's care plans and staff recruitment files.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to raise any concerns. They were committed to supporting people to stay safe within their own homes and in the community.
- Staff told us the registered manager always took their concerns seriously. They were confident swift action would be taken with other agencies to protect people from abuse. One staff member told us, "If I saw something that didn't feel right, I would go to my manager, I feel confident to speak up and report a concern. If I felt, they did not take my concern seriously I would go higher till I got heard."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments had been completed and were regularly reviewed and updated. People were involved in managing their own risks with support from staff. For example, we saw a range of assessments including people managing their medicines, food preparation, dealing with money, going out socialising, and road safety.
- Staff understood how to support people in a personalised way to increase their independence and to minimise any risks to their safety, health and wellbeing. The staff used different ways of talking with people about risks which included information in pictures and symbols so people could learn in their own way and at their own pace.
- The provider promoted people's safety and investigated all incidents and accidents and looked at how they could learn from these and make improvements.
- Family members were extremely pleased with how their relatives had been kept safe during the pandemic whilst still maintaining their independence and well-being

Staffing and recruitment

- There were enough staff to meet people's individual needs. People and their family members confirmed that people's needs were met by staff who were consistent, competent and knowledgeable.
- Staff did on occasions move to support people in other houses, but during the COVID-19 pandemic, risk assessments were completed which kept staff to one or two houses only to reduce the risk of spreading the disease.
- Staff were recruited safely and in line with the legal requirements. People were supported by staff who had the necessary skills and understood their individual needs and preferences.

Using medicines safely

- Staff supported people to take their medicines safely and as prescribed. One staff member told us, "Medicines are given at the time they are supposed to be and all are recorded in the person's individual care plan on the correct charts."

- Staff skills and knowledge were checked to ensure they were competent at giving people their medicines.
- People were supported by staff to make their own decisions about medicines where possible, for example what time they took their medicines. Staff provided advice to make sure people could make safe choices. One family member said, "My [relative] can sometimes be reluctant to take their tablets but with the time and patience of the staff, they get them when they are supposed to."
- People's medicines were regularly reviewed to monitor the effects on their health and wellbeing.

Preventing and controlling infection

- There were effective infection, prevention and control measures in place to minimise the risk to people, in particular from COVID-19. The providers policy and procedure were up to date and being followed.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely and testing was completed as per government guidance. A family member told us, "The staff wear PPE and they do regular Lateral Flow Tests (LFT). In fact before I was allowed back into their house, I was asked to do a test. I feel that the safety of the people who live in the house is paramount."
- The provider was making sure infection outbreaks could be effectively prevented and managed in line with guidance for community settings. The registered manager gave us an example of how they managed to prevent further outbreaks. "Staff members agreed to a contingency plan and to change the way they worked until the end of the isolation period. It was more a 'live in' style set up to prevent any further spread of the virus. This included risk assessments, daily visual checks to assess ability to provide the needed support, telephone checks to monitor people's wellbeing, temperature and saturation level checks, symptom trackers, and daily testing. And it worked."
- Staff provided advice and guidance to people about the risks of COVID-19 which was accessible and informative. Where they had capacity, people were enabled to make their own decisions throughout the pandemic.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a detailed assessment process in place to ensure staff had the information they needed to meet people's needs.
- Despite the challenges of COVID-19 the registered manager had worked hard to gather information and implement a positive transition for people moving from a residential service into their new homes in the community with support.
- The registered manager used appropriate resources to improve the service and to follow government and best practice guidance.
- The discussion around and recording of people's protected characteristics was discussed with the registered manager. Some information showed how they supported people with their lifestyle choices. However, the registered manager agreed to update information about people's identity to ensure staff were meeting their individual needs.

Staff support: induction, training, skills and experience

- Staff received a thorough induction and shadowed more experienced staff until they felt confident in their role.
- People were supported by staff who had received relevant and good quality training to develop the necessary skills required to meet their needs and preferences. A staff member told us, "The face to face pre COVID-19 training was more useful as you had hands on practical experience. Buccal training was very useful as I look after someone with Epilepsy. I know the signs and early intervention techniques needed."
- Two staff had trained as trainers in inclusive communication and had delivered small workshops to all staff. Training from other external professionals was utilised such as Makaton training by the speech and language therapists. Two managers had trained as mental health first aiders in order to support people during the pandemic.
- Staff told us they were well supported and supervised. They meet regularly with senior staff informally and in structured supervision sessions.
- Competency checks were carried out. A staff member told us, "Seniors work shifts so they are able to keep an eye on how things are and they speak to people and ask them how staff members are supporting them. There is a two-way conversation of Jamesons expectations and your expectations. Any concerns are listened to and we speak about goals achieved from our last supervision."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had the necessary skills to support people to maintain a balanced diet. Staff had received specialist training in this area, to ensure they could meet people's individual needs. A family member told us, "[Relative] is really encouraged to do things for themselves such as cooking with staff as much as they can safely. They are given a choice of meals and encouraged to eat in a healthy way by the staff."
- People had good access to physical healthcare and were supported to live healthier lives. Staff described the support they provided to enable people to attend appointments, such as seeing the GP, physiotherapist, psychiatrist and hospital visits. Staff were available to attend appointments and family members were provided with information and outcomes of the visit.
- Staff worked well with other professionals to meet people's needs and supported people to make referrals as required. A professional told us, "During all my reviews, staff have been responsive to requests for information and openly seek feedback about how to improve the service for the people they support."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff empowered people to make their own decisions about their care and support and obtained people's consent in an inclusive and respectful manner.
- Staff were aware of people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff could describe people's ability to make decisions and how to support with this.
- There were effective processes in place where people lacked mental capacity to make certain decisions. Records showed where people had representatives such as a Power of Attorney to oversee their assessments and any best interest decisions. A staff member said, "I treat everyone as individuals, using a person-centred approach. I treat everyone as if they have capacity and empower them to make their own decisions."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their family members were positive about the staff and managers who cared and supported them. Comments included, "I couldn't be happier with how [relative] is cared for. They appear to be very happy. I had regular contact during the pandemic, we did face time a lot so they didn't miss me. The staff are so kind and understanding to both our needs." And, "I have no concerns at all, I can see that [relative] is extremely well supported by people who genuinely care." And, "I can't find anything that I can fault with the service, it's brilliant."
- The service ensured people were well matched with the people they shared a house with. One person was finding it difficult to cope with the loss of a friend and living alone. After lots of discussion with the person and those involved in their life, visits were arranged to see people they knew in a shared house where there was a room available. This was very positive, the registered manager told us, "[Person's name] whole persona changed, and glimpses of the old [person's name] shone through. They are happier and engaging more in all activities and thriving in their new surroundings with friends around them."
- Staff member's compatibility, skills and personality were matched to people's needs, likes and dislikes to support them in the best way possible. One staff member said, "It's important that people have the right staff and we try our best for everyone to get on together. Changes are made if necessary if we see it is not working well." A person told us, "Yes I like living in my house, I have friends and I do all sorts of things like going out when I want." Another told us, "I have a key worker and I like them, they are really friendly."
- Staff members showed warmth and respect when interacting with people. They supported people to tell us their story of their day to day lives and what it meant for them. Staff knew people's individual ways of communicating, their likes and dislikes and what made them happy or sad and how they would respond to them.
- Staff told us how caring and family orientated the service is. One staff member told us, "The staff really do care for people, it oozes from them. When I go to work and people are happy to see me, clapping their hands and smiling and when they say to me, "I've had a really nice time when we have been out," that makes me very happy."
- The registered manager led by example and was a strong role model. They spoke about people with compassion and strongly advocated for them, for example when in hospital, so they could get the best care and treatment they needed.

Supporting people to express their views and be involved in making decisions about their care

- Staff were very active at helping people to express their views. People were listened to, given time and supported by staff using their preferred method of communication. We observed staff with the people they were supporting, and the managers in the office and they were relaxed, caring, warm and inclusive of people

when talking with and about them.

- People were enabled to make choices for themselves and staff ensured they had the information they needed to support these decisions. People told us they were very much encouraged to make decisions for themselves. One person said, "The staff are like my friends and not care staff."
- People, their family members and those important to them, took part in planning their care arrangements.

Respecting and promoting people's privacy, dignity and independence

- People's human rights were upheld by staff who enabled them to be independent and have a better life. A family member told us, "[Relative] needs help with almost everything on a daily basis, I know that they are treated with respect and the staff maintain their dignity as when I have been visiting, I have observed the way [relative] is treated." Another said, "The staff are extremely caring towards the people they support."
- People's privacy, dignity and feelings were respected and acknowledged. We were told about one person who was supported to send a video message to their [relative] before they died. The family asked the manager and staff to break the news to the person and staff supported them during this time with consistent words which made sense to the person coping with their loss. The staff supported the person to plant a tree in their garden in remembrance. A family member told us, "We had a family bereavement and a member of staff brought [relative] to the funeral. They didn't have to do that but that's the sort of company they are, so caring. They definitely care about both of us which is of great comfort to me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs had been assessed and their care and support tailored to their individual needs. Care plans were person centred and written clearly, in an accessible way. They were reviewed and updated as people's needs changed. The daily notes were written in a respectful way about the person and their daily lives. One person told us, "My staff listen to me and I do what I want to do." A family member said, "I have been fully involved in completing and updating the care plan. Staff keep me informed."
- Support focused on enhancing people's quality of life. Staff encouraged people to develop new interests and skills. A family member said, "I am glad [relative] is getting out more again, this is what they really like. However, the staff did all sorts of indoor activities when they couldn't get out. I am very grateful to them for this."
- Support was regularly monitored and adapted as a person went through their life or as their needs changed. The 'This is Me' section of their care plan was written by staff who knew people well so that any new staff would clearly understand a person when they started working with them.
- People lived lives which were meaningful to them. This included day to day food and clothes shopping, going out and about walking or in their cars, enjoying hobbies and leisure interests and following what they wanted to do in their daily lives.
- People were supported to maintain existing relationships with family and friends and to explore other meaningful relationships as those arose. A family member told us, "It's perfect the support [person's name] gets. I am very involved in their care and this is welcomed. It has been very difficult for us both during the pandemic as I couldn't visit. The staff helped [person's name] to video call nearly every day."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good awareness and understanding of people's individual communication needs. They were skilled in supporting people who had varied ways of communicating.
- Staff worked closely with health care professionals and to support people to be assessed to see if they would benefit from the use of alternative communication tools.
- The provider ensured people had access to information in appropriate formats and staff spent time explaining information to each person in a way they could understand. For example, people had hospital passports which would provide information to nursing staff should they ever need to be admitted.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The provider put processes in place to ensure concerns and complaints were seriously investigated and lessons could be learnt from the results. The registered manager told us about a complaint from a person who was not happy with the support they got from their key worker. "We acknowledged their complaint in writing and actioned it by looking at staff compatibility to assist the person to choose the right support which worked for them."

End of life care and support

- People's preferences around their end of life care, their funeral and other wishes were recorded sensitively.
- The staff and management team had provided care and support to people and their families at the end of their life. They had the skills and experience to give person centred care to people and to follow their wishes.
- Staff had access to training to ensure they were able to support people flexibly as their needs changed.
- The service was not currently supporting anyone with end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager, management team and staff put people's needs and wishes at the heart of everything they did. A family member told us, "I think the service is superb, I cannot fault any of it." Another said, "Communication is excellent with the management, if I need to ring, my call is always answered and if the managers are not around, they contact me as soon as they can."
- The registered manager promoted an atmosphere of openness and continuous learning. They were very aware of how a closed culture can form and ensured staff were aware of the signs. They told us, "In one house, a small staff team was needed due to the need for a consistent approach from familiar staff. A specific risk assessment was completed to ensure we didn't create an environment where a closed culture could be formed. We tracked incidents through our analysis to see if an individual may be going through a hard time and respond with any identified support to keep the person, their housemates, their environment and their staff team in a positive and thriving place."
- Everyone was very complimentary about the way the registered manager ran the service. One person said, "I like [name of registered manager], he is nice." Another said, "We do stuff together, he is good to talk to." A family member said, "Can't fault him, a truly caring person."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were detailed checks on quality and safety which were used to make the service safer and better. Records showed that there was an organised approach to monitoring the quality of the service and outcomes for people.
- The registered manager understood their duty of candour when things went wrong. They told how improvements were continually being made to the service. Statutory notifications were sent to CQC as required.
- The provider had good contingency plans should the registered manager be off. This ensured staff were supported and good quality of care was maintained. The structure of the service provided clear oversight and lines of responsibility.

Working in partnership with others

- The registered manager and staff worked positively with other professionals to ensure people received consistent support. One professional told us, "I have had good experiences at Jamesons Care, some really

positive family feedback and the person I reviewed has regained a lot of independence since using the service. The staff were very caring and know people they support well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People and their families were involved in the development of the service. The staff and management team were visible and approachable and engaged people to work together to achieve good outcomes for people.
- People could express themselves in the way they wanted to and their lifestyle choices were supported and respected.
- Feedback from people was used to develop the service. The findings from recent surveys were very positive. A family member said, "My concerns are always listened to and addressed. Particularly [staff member] who goes the extra mile to support me." Another said, "Management go over and above their working role and take a personal but professional interest." The registered manager was nominated by people, their families and staff and won the provider's 'Manager of the Year' award 2021.
- The staff said the ethos and culture of the service was supportive, welcoming and inclusive and Jamesons Care was a good place to work. Comments included, "I feel valued and supported in my work, it's like a family." And, [Name] treats everyone fairly, we can call him anytime. He visits people all the time and many people visit the office to speak to and be with him. That's how popular he is!"